

Supplemental Application Data Sheet

Application Information

Application Type:: National Stage
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: VERTEBRAL OSTEOSYNTHESIS EQUIPMENT
Attorney Docket Number:: 0573-1012-1
Request for Early No
Publication?::
Request for Non-Publication?:: No
Suggested Drawing Figure:: 3
Total Drawing Sheets:: 4
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: DENYS
Middle Name::
Family Name:: SOURNAC
Name Suffix::
City of Residence:: REYRIEUX
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 345 MONTÉE DE BELLEVUE
Address::
City of Mailing Address:: REYRIEUX
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-01600

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-PHILIPPE
Middle Name::
Family Name:: CAFFIERO
Name Suffix::
City of Residence:: LYON
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 12 RUE DU COMMANDANT FAURAX
Address::
City of Mailing Address:: LYON

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-69006

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: FRANÇOIS
Middle Name::
Family Name:: CARLIER
Name Suffix::
City of Residence:: GUERANDE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: ALLÉE DE COLVEU
Address::
City of Mailing Address:: GUERANDE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-44352

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IB2005/000341	1/21/05
PCT/IB2005/000341	An application claiming benefit under 35 USC 119(e)	60/554,416	3/19/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	04 11266	10/22/04	Yes
FRANCE	04 00745	01/27/04	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::